



Instructions
NON-CONSENSUAL TOWING PERMIT
(Private Property Trespass Towing)
Application Assistance: (678) 413-8754

All sections of the application will need to be completed and the application signed and notarized. The permit will be valid for a period of twelve (12) months from the date of issuance. Renewal notices will be mailed out prior to renewal time. **Important Note:** Submission of an application does not entitle the applicant any authority to remove and impound vehicles from private property, such authority is only granted upon the issuance of the permit.

Applications should be mailed to: Department of Motor Vehicle Safety
Regulatory Compliance Section
P.O. Box 80447
Conyers, Georgia 30013

APPLICATIONS SHOULD BE MAILED WITH THE FOLLOWING:

- Certificate of Insurance showing the Department of Motor Vehicle Safety as certificate holder.
- \$300.00 application fee

Insurance Information: Attach a Certificate of Liability Insurance to the application. Certificates must show the Georgia Department of Motor Vehicle Safety as the certificate holder. The minimum coverage required by the DMVS:

Public Liability and Property Damage Insurance:

- \$100,000 limit for bodily injury to or death of one person;
- \$300,000 limit for bodily injuries to or death of total persons in one accident;
- \$50,000 loss or damage in any one accident to property of others.

Garage Keepers Legal Liability (GKLL):

- \$25,000 for stored vehicles and contents (certificate must state GKLL is for stored vehicles).

Application Fee: The cost of the annual permit is \$300.00. Money Orders, Certified or Cashier's Checks or Company (Business) checks made payable to the Department of Motor Vehicle Safety will be accepted. This fee must be submitted with the application. Do not send cash in the mail.

Wrecker Service Information: You must provide the full legal name and trade name (if applicable), office address and mailing address (if different), telephone number, fax number and e-mail address of the wrecker service that will be performing the towing and storage. List the business hours impounded vehicle may be claimed by the vehicle owner.

Impoundment Facility Information: Provide the complete physical address of each secure impoundment facility to be utilized under this permit. All impoundment facilities must be operated under the same name and ownership as authorized on the permit. Each impoundment facility must meet the requirements in DMVS Rule 11-10 (6) and maintain GKLL insurance on stored vehicle in the minimum amount of \$25,000.

Vehicle and Carrier Information: Provide the total number of vehicles operated and give an overview of the types of equipment. List your DOT number and GA MCA #. The MCA # can be found on your Motor Carrier of Property Permit (required). If you do not have a Motor Carrier of Property Permit, please call (404) 362-6499 for an application. If you are an interstate carrier, list your ICC/MC number.

Sample Invoice and Contract: A sample invoice and contract have been included and may be used by your company for non-consensual operations.

Rules and Regulations: The Rules and Regulations for the DMVS Non-consensual Towing Permit can be found in Chapter 11 of the DMVS Transportation Rulebook. Also see O.C.G.A. § 44-1-13 and O.C.G.A. § 40-1-11.

Towing and Storage Rates: The DMVS has prescribed the rates and charges that may be assessed for vehicles removed from private property. The prescribe rates can be found in the Maximum Rate Tariff for Non-consensual Towing. The prescribed rates include the amounts that can be charged for towing, storage, administration or notification fee, and after hour fees.



Georgia Department of Motor Vehicle Safety
Regulatory Compliance Section
P.O. Box 80447, Conyers, GA 30013
Telephone : (678) 413-8746 or (678) 413-8754
Web: www.dmv.ga.gov

Application For Non-Consensual Towing Permit

Applicant's Legal Name _____
(List the owner's name, all partners' names, or corporate name)

Trade Name (D/B/A) _____

Name of Contact Person(s) _____

Physical Address _____
(City) (State) (Zip)

Mailing Address _____
(If different from physical address) (City) (State) (Zip)

Impoundment Facility Address _____
(City) (State) (Zip)

Additional Impoundment Address* _____
(City) (State) (Zip)

Business Telephone _____ **Fax** _____ **E-mail** _____

DOT # _____ **GA MCA #** _____ **ICC/MC #** _____

Posted Business Hours vehicles may be claimed:
Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Secure Impoundment Facility:

*If more than one impoundment facility is used, please provide facility information on a separate page.

Applicant owns or leases a Secure Impoundment Facility as described in DMVS Rule 11-8. Yes ☐ No ☐

Estimated Acreage OR Dimensions of Impound Facility: _____

Estimated Maximum number of vehicles facility will hold: _____ () Indoor Storage () Outdoor Storage () Both

Describe all security equipment and procedures currently in place at Impound Facility:

Type of Fence _____ Height of Fence _____ (ft) Number of Outdoor Security Lights _____

☐ Security Cameras ☐ Guard Dog(s) ☐ Barb-Wire ☐ Alarm System ☐ 24-Hour Attendant ☐ Live on Premises ☐ Other: _____

Total Number of Vehicles Operated: _____

Please give an overview of the types of equipment you will be operating:

- () Vehicles with a gross vehicle weight rating (GVWR) up to 10,000 pounds.
- () Vehicles with a gross vehicle weight rating (GVWR) from 10,001 to 26,000 pounds.
- () Vehicles with a gross vehicle weight rating (GVWR) over 26,001 pounds.

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. Pursuant to O.C.G.A. § 44-1-13, the DMVS is authorized to impose a civil penalty for any violation in an amount not exceed \$2,500.00.

Applicant's Signature and Title

Date

Subscribed to and sworn before me:

This the _____ day of _____, 20____

PRESCRIBED CONTRACT

SAMPLE FOR YOUR RECORDS

NAME OF COMPANY
ADDRESS OF COMPANY

PHONE NUMBER

This document authorizes _____ to tow illegally and or improperly parked vehicles from stated private property. **In accordance with DMVS regulations signs will be posted for at least twenty-four (24) hours before any vehicle is towed.** I understand that vehicles will be removed at the owner's expense.

The cost for removal of the vehicle is _____ and the charge for storage of the towed vehicle is _____

The location of the impoundment facility is _____

The hours of operation of the impoundment facility is _____

Authorized by: _____ Date: _____
(Signature by Representative of Property Owner)

NAME OF MANAGEMENT COMPANY OR OWNER OF PROPERTY:

Posted Property Name: _____

Posted Property Street Address: _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Date: _____

AUTHORIZED NAMES TO HAVE VEHICLE IMPOUNDED:

Completed by: _____ Date: _____

SAMPLE INVOICE

**NAME OF COMPANY
ADDRESS OF COMPANY
PHONE NUMBER**

Date:	Arrival Time:	Departure Time:	Time Arrived at Impound Lot:
Address Towed From:			Driver & Truck No.:
Name & Telephone of Person that Authorize Tow:			Reason Towed:
Year, Made, Model:			VIN #:
Color:	Tag No.:		State & County Tagged In:
Date Impounded:	Number of Days Stored:		Mileage:
Remarks:		CHARGES	
		Towing Charge:	
		Notification Fee:	
		Storage: _____ days at \$_____ a day	
		Total Storage Charge:	
		Claimed After Hour Fee:	
			Total Due:
Signature of Company Representative: X			Payment Type:
Signature of Vehicle Owner or Agent: X			Date Claimed: